



**AMBULANCE DRIVER
EMERGENCY MEDICAL TECHNICIAN BASIC
EMERGENCY MEDICAL TECHNICIAN ADVANCED
LICENSE APPLICATION**
Allow 10 working days for approval
Renewals due Dec. 20 and expire Dec. 31

Treasurer's Office 455 N Main – 12th Floor Wichita KS 67202

CITY LICENSE (316) 268-4553

Date

AMBULANCE DRIVER

New, Fee \$15 annually

____ Renewal, Fee \$5 annually

EMERGENCY MEDICAL TECHNICIAN

Basic, Fee \$5 annually (new & renewal)

Advanced, Fee \$5 annually (new & renewal)

APPLICANT INFORMATION

Name (first, middle, last)									
Residential Address						Phone Number			
City, State						Zip Code			
Eye Color		Hair Color		Height		Weight		Sex	
KS Driver's Lic #						Expiration Date			
						Date of Birth			

- How long have you lived in Wichita, Kansas?
- Have you ever been licensed as an Ambulance Driver or EMT before? YES NO
When? Where?
- Has your Ambulance Driver or EMT license ever been suspended or revoked? YES NO
When? Where?
Why?
- Have you ever been arrested or convicted for traffic violations? YES NO
How many times? When? Where?
Why?
- Have you ever been convicted of a felony or misdemeanor? YES NO
Why?
- Are you familiar with:
 - City Ordinance regulating ambulance driver and emergency medical technicians? YES NO
 - Traffic Laws for the City of Wichita? YES NO
 - Geography of the City of Wichita? YES NO

BUSINESS INFORMATION

Business Name		Phone Number	
Address		Zip	

The applicant must furnish:

- Four recent photographs not less than 2 ½ by 3 ¾ inches;
- The names, addresses, and phone numbers of three reputable persons residing in the city to be used as character references;
- A certificate by a physician licensed to practice medicine and surgery in the state of Kansas stating that the applicant is of sound physique with good eyesight and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render the applicant unfit for the safe operation of an ambulance.

I hereby certify that I have read and am familiar with the ordinances of the City of Wichita and with the requirements thereof as they pertain to my license. Further, I understand that before the requested license is approved all of the above answers will be reviewed and verified. Any falsification of the above may cause it to be disapproved. I also understand that the application fee is not refundable.

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Police Records 268-4186			
License #		Expires 12-31	Date Routed